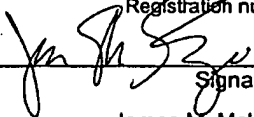




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) KLQ-001	
Application Number 10/010,393-Conf. #4473		Filed December 7, 2001	
For FITNESS ENABLING AND MOTIVATING SERVICE			
Art Unit 2163		Examiner M. P. Nguyen	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,146</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		<u>February 21, 2007</u> Date	
<u>James M. McKenzie, Esq.</u> Typed or printed name		<u>(617) 227-7400</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

Adjustment date: 07/23/2000 CKULOR
02/23/2007 HUONG1 00000002 120080
02 FC:2253 510.00 CR

10010393

02/23/2007 HUONG1 00000002 120080 10010393

02 FC:2253 510.00 DA

Express Mail Label No. EV 956471107 US Dated: February 21, 2007

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 07/22/08		2 Serial/Patent # 10/010,393										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
X	Extension of Time		02/21/07	\$ 510.00								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 510.00							
			8 TO BE REFUNDED BY:									
10 REASON:			Treasury Check									
	Overpayment	X Credit Deposit A/C #:										
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>				1	2	--	0	0	8	0
1	2	--	0	0	8	0						
X	No Fee Due (Explanation):											
Extension of time unnecessary.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: Terri Williams			TITLE: Paralegal Specialist									
SIGNATURE: <i>Terri Williams</i>			PHONE: (571) 272-2991									
OFFICE: Office of Petitions												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <i>[Signature]</i>			DATE: 7/23/08									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: